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## BIB DATA SHEET

CONFIRMATION NO. 3220

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/583,317	06/15/2006	424	1618	1003301-000275	
<b>RULE</b>					
<b>APPLICANTS</b> Nils-Olof Johansson, Lidingo, SWEDEN; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/SE04/01644 11/10/2004 <b>** FOREIGN APPLICATIONS *****</b> SWEDEN 0303429-5 12/19/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> SMALL ENTITY ** 12/13/2006					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/LEAH H SCHLIENTZ/</u> <u>Examiner's Signature</u>	<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> BUCHANAN, INGERSOLL & ROONEY PC POST OFFICE BOX 1404 ALEXANDRIA, VA 22313-1404 UNITED STATES					
<b>TITLE</b> Mri contrast medium composition for oral administration					
<b>FILING FEE RECEIVED</b> 540	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	